

New Client Inquiring Form

1. General Information			
Company Name Registration Date Corporate registration number Nature of Business Fiscal Year	Please fill out		
2. Service		Y/N?	
	1 Accounting Services 2 Audit Services 3 Tax Services 4 Advisory Services 5 Payroll Services 5 Other Services, please specify...		
3. Volume			
Documents	Quantities	Monthly transactions (Estimated Numbers)	
Sales invoice Purchase invoice Payroll Estimated sales for coming year	No. of invoice No. of invoice No. of staff Value sales estimated		
4. Financial Reports Required		Y/N?	
	1 Trial Balance 2 Statement of Incomes 3 Balance Sheet 4 Details to Balanch Sheet 5 Other, please specify		
4. Other Information			